

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E/H		107-11-01
O.I.P.E. CLASSIFIER	M/M	SD	07-21-01
FORMALITY REVIEW	Z/H	1120	8-29-01
RESPONSE FORMALITY REVIEW	S/H	897	10/34/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	10/22/01
2	10/22/01
3	10/22/01
4	10/22/01
5	10/22/01
6	10/22/01
7	10/22/01
8	10/22/01
9	10/22/01
10	10/22/01
11	10/22/01
12	10/22/01
13	10/22/01
14	10/22/01
15	10/22/01
16	10/22/01
17	N
18	N
19	10/22/01
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46	10/22/01
47	10/22/01
48	10/22/01
49	10/22/01
50	10/22/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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5C533  
8/29/01